Obesity in Older Adults
By Deb Hintz

While having lunch with a friend at a local restaurant, we discussed how eating patterns and lifestyles have changed dramatically in the past years. Busier family schedules, longer work hours and too many obligations cause many people to eat out instead of making meals at home. I often find it easier to pick up something quick for dinner and so I can understand how fast food restaurants and take-out places are so appealing. Yet fast food is often high in calories and low in nutritional value and so the convenience comes at a cost. More and more people are struggling with weight gain and obesity in all age categories.

Among the elderly obesity is an especially difficult problem. Aging boomers make up a huge segment of the population, and the health care industry is already in crisis mode providing for their basic care needs. Whether medical care or assistance with daily living, elderly care needs become more of an issue when obesity is a factor. Health care conditions are worsened by the extra weight and it is much harder for Caregivers to provide the care they need due to the obesity factor. In the past three decades the number of elderly people who are obese has doubled, creating more of a crisis in care than ever before.

Nonfatal Health Problems
The World Health Organization has classified the health problems associated with obesity as either nonfatal or life threatening. Classifying obesity as a nonfatal threat doesn’t mean that health care issues caused by being severely overweight are not serious, especially among the elderly. Obesity causes respiratory problems, chronic
musculoskeletal issues and skin troubles. These conditions can develop and eventually become life threatening.

Breathing issues intensify with obesity. Lungs decrease in size in obese adults which causes increased difficulty with chest wall stiffness and getting enough oxygen. Among the elderly the muscles surrounding the lungs are often experiencing respiratory mechanical impairment due to age. Add in the extra weight and shortness of breath becomes a way of life.

With the elderly there is often a loss of muscle mass and bone density which makes carrying extra weight even more of a risk. Loss of muscle, commonly associated with aging, combined with obesity is a recipe for falls. The elderly who carry extra weight often become immobile, which means they need assistance with ambulation. Depending upon their weight, they often require at least two people to help them transfer from bed to chair. In addition, obese elderly often suffer from arthritis which is made more acute from the extra weight the knee and hip joints must carry.

The elderly often suffer from skin issues due to fragile skin which is irritated by prolonged sitting and inactivity. When an elderly patient is obese their risk for skin problems increases dramatically. Many elderly obese patients experience itchiness, redness, rashes and skin deterioration from perspiration and friction which can lead to pressure sores and very painful open wounds.

**Life Threatening Health Problems**

Obesity plays a major role with cardiovascular disease which is leading cause of mortality in adults over the age of 65. Other risks include elevated blood pressure, hypertriglyceridemia (an abundance of fatty molecules in organs), high cholesterol, low-high density lipoprotein (bad cholesterol in the body), high fasting plasma glucose (a pre-diabetes condition) and an increase risk for developing type 2 diabetes. The cornerstone of treatment of cardiovascular disease in older obese adults is dietary modification.

Higher rates of certain types of cancer have been linked to obesity, especially among aging adults. Among males, obesity means an increased risk of colon, rectum and
prostate cancer. Obese females have a higher risk of developing gallbladder, uterus, cervix/ovarian, breast, colon, kidney and esophageal cancers.

**Causes of Obesity for the Aging**

Of course diet is one of main factors causing obesity. Consistent consumption of high calorie and fatty foods leads to excessive weight gain. High calorie, processed foods are less expensive and quicker to prepare than cooking with fresh fruits and vegetables. For the elderly, many who are on a fixed income, being able to purchase the right foods can be difficult. But it is not only what we eat but the level of physical activity, economic status and even educational levels that play a role. Studies show that poverty and lower education are also linked with obesity.

Of course diet isn’t the only cause of obesity among our aging population. Genetics play a role. There is a link between inherited genes and a tendency to become obese which is why obesity seems to run in some families. In addition some diseases can contribute to obesity. Hyperthyroidism, Cushing Syndrome Poly Ovary Syndrome and Depression all are linked to obesity especially among the elderly.

**Interventions to address Obesity**

Making changes to promote a healthier lifestyle is the most important thing an obese elderly person can do. Dietary modification, adding exercise and movement into your lifestyle and getting support from the family, friends and the community is a good start. There is professional support available as well.

The Chronic Disease Self-Management Program, developed by Kate Lorig, RN along with her associates at Stanford University, is program that promotes self-management of health conditions through “self-efficacy.” Participants gain confidence in their ability to make changes that lead to a better lifestyle by creating their own weekly action plan. This plan helps them take control of difficult issues by helping them take responsibility for small changes. Another helpful guide is called “The National Blueprint” which addresses barriers to increase physical activity and other issues that older adults may have when dealing with obesity.
Using the services of a registered dietitian is also recommended to ensure meeting nutritional requirements while participating in weight loss programs. Also it is important to consult a physician about exercise plans. Start exercising with a low intensity program so to prevent musculoskeletal injuries. Working up to a higher intensity program over time encourages adherence to exercise plans long term.

Sources:
Center on an Aging Society. [http://ihcrp.georgetown.edu/agingsoociety/pdfs/obesity2/pdf](http://ihcrp.georgetown.edu/agingsoociety/pdfs/obesity2/pdf)

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